

Beneficiary Form

CNI MWR 401(k) Savings and Investment Plan

51373-1-1 _____

SOCIAL SECURITY NUMBER	FIRST NAME	LAST NAME	MI
STREET ADDRESS		E-MAIL ADDRESS	
CITY	STATE	ZIP	
BIRTH DATE	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE OR LEGALLY SEPARATED		

BENEFICIARY DESIGNATION (Check one box only)

1. ☐ **Spouse Primary Beneficiary:** I would like my spouse to receive my entire account balance at my death.

Spouse's Name: _____ Spouse's Social Security # _____ - _____ - _____ Spouse's Date of Birth: ____/____/____
mo day yr

2. ☐ **Non-Spouse or Multiple Primary Beneficiaries:** I would like the following person(s) to receive my account balance upon my death:
(If division is other than equal shares, write in percentages.) **Your non-spouse beneficiary must be of legal age to receive any monies. If not of legal age, you must set up a Trust Fund for named beneficiary.**

PRIMARY BENEFICIARY NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	PERCENT
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If you are married and you have NOT elected your spouse as primary beneficiary, please have your spouse provide consent below.

SPOUSAL CONSENT: I understand that I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right.

SPOUSE'S SIGNATURE DATE NOTARY PUBLIC'S SIGNATURE DATE DATE COMMISSION EXPIRES

PARTICIPANT SIGNATURE:

I, the participant, certify that the above information is correct and I understand this beneficiary designation supersedes any previous designation.

PARTICIPANT DATE

ADMINISTRATOR SIGNATURE:

I, the plan administrator, certify that the above information is correct, and if a married participant has designated a non-spouse beneficiary, and the Spouse's signature has not been witnessed by a Notary Public, I also certify that I have witnessed the spouse's signature above agreeing to the designation

PLAN ADMINISTRATOR DATE

